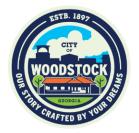


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ALCOHOL LICENSE APPLICATION

New Application & Ad Fee, \$	7/00		
DISTILLED SPIRITS \$5000/yr	MALT BEVERAGE \$1000/yr	WINE	\$1000/yr
Plus monthly excise tax Restaurant Bar/Lounge Private Club Package Store Live Entertainment Manufacturing	Restaurant Bar/Lounge Private Club Package Store Live Entertainment Convenience Store Grocery/Super Store Manufacturing		Restaurant Bar/Lounge Private Club Package Store Live Entertainment Convenience Store Grocery/Super Store Manufacturing
Sunday Sales (Consumption or Ancillary Tasting, no fee Ci	nly), \$500 rcle all that apply: MALT BEVERAGE	WINE	DISTILLED SPIRITS *for manufacturing only
	rcle all that apply: MALT BEVERAGE – separate application with applicable fees re	WINE WINE	DISTILLED SPIRITS
BUSINESS INFORMATION -If Bus	siness Owner is Different from Applicant – Finge	rprint and	Consent Form
Sole Propri	ietorship Partnership Corporation	LLC	
Full Name of Business:			
D/B/A:			
Street Address of Business:			
Location Phone Number:			
Name of Business Owner:			
Mailing Address:			.
FEDERAL TAX ID#:	GA SALES & USE T	AX #:	
Owner Phone Number	For Number		



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PROPERTY INFORMA	ATION - Renting/Leas	ing Owner	If renting or leasing -	- attach copy of agreement
Name of Current Property (Owner/applicant provide	Owner:e a copy of the lease agreem	nent)		
Tax Map/Parcel Number:			Current Zoni	ng:
Previous Owner/Occupan	t:			
If On-Premise Consumpti	on – give dining/service are	ea square footage	»:	
APPLICANT INFORM	ATION - Fingerprinting an	d Consent Form	Required	
Full Name:				
Social Security Number:		Driver's Li	icense #:	State:
Current Home Address:				
City/State/Zip:				
County:		# o:	f Years:	
Home Phone:	Cell Number:			
E-Mail Address:				
Previous Home Address:				
City/State/Zip:				
County:		# o	f Years:	
Applicant's Birthplace:			Date of Birth:	
Are you a U.S. Citizen:	Yes No If not, w	here are you a ci	itizen?	
Applicant's Current Posit	ion with Business:			
Percent of Ownership or I	Interest in this Business:		% Number of Years w	vith this Business:
Occupation for Last Five	Years:			
Does the applicant own ar	ny property within the corpo	orate boundaries	of the City of Woodsto	ck? Yes No
If yes, please give propert	y tax map and parcel number	er and street add	ress:	
Tax Map:	Parcel:		Street Address:	



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Are you married?	ease answer the following:	
Spouse's Name:		
Social Security Number:	Driver's License #:	
Does Spouse Have 10% or More Interest in this Busin	ness? Yes No	
Have you or your spouse ever been convicted of a fel immediately prior to filing this application relating municipal ordinance violation relating to any Alcoho	to any Alcohol Beverage Business or any state	
If yes, please give name, association with business, th	ne year of conviction and the crime as charged:	
Are there any pending charges or citations against yo explain:		o If yes, please
Are you or your spouse related to any distributor or degree of consanguinity or affinity as computed acceptanted the license to give him a competitive advanta	ording to the civil law so that there might be spe	cial concessions
OWNERSHIP INFORMATION - Fingerprint and	Consent Form required for each	
For corporations or LLC, complete the following	z:	
Name of corporation:		
Date Incorporated:	Place of Incorporation:	
Address:		
City:State:	Zip:	
Complete the following for any partners, officers more interest in the business, an Owner Information		ed has 10% or
Name:	Percent of Interest:	%
Name:	Percent of Interest:	%
Name:	Percent of Interest:	%
Name:	Percent of Interest:	%
Name:	Percent of Interest:	%
Name:	Percent of Interest	%



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Fingerprint and Consent Form Required (duplicate as needed for additional Partners)

Partner #1 Name:		
Social Security Number:	Drivers License #: State	
Current Home Address:		
City/State/Zip:		
County:	# of Years:	
Home Phone:	Cell Number:	
Previous Home Address:		
City/State/Zip:		
County:	# of Years:	
Birthplace:	Date of Birth	
Are you a U.S. Citizen: Yes	☐ No If not, where are you a citizen?	
Percentage or Interest of Owner	nip:	
Occupation for Last Five Years:		
prior to filing this application ordinance violation relating to a	f a felony within ten (10) years and/or misdemeanor within five (5) years immediately relating to any Alcohol Beverage Business or any state law, county or municy Alcohol Beverage business? Yes No	cipal
Are there any pending charges of explain:	citations against you by any law enforcement entity? Yes No If yes, plants	ease
Does this person own any prope	ty within the corporate boundaries of the City of Woodstock?	
If yes, please give property tax i	ap and parcel number and street address:	
Tax Map/Parcel:	Street Address:	



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<u>ACTIVE MANAGER'S INFORMATION</u> - Fingerprint and Consent Form Required

This is not the same as a MANAGER'S PERMIT, which is required by law & only obtainable through the City of Woodstock Police Department.

Active Manager Name:		
Social Security Number:	Drivers License #	State:
Current Home Address:		
City/State/Zip:		
County:	# of Years:	
Home Phone:		
E-Mail Address:		
Previous Home Address:		
City/State/Zip:		
County:	# of Years:	
Place of Birth:	Date of Birth:	
Are you a U.S. Citizen?	Yes No If not, where are you a citizen?	
Percent of Ownership or Intere	st in this Business:% Number of Year	rs with this Business
List Responsibilities as Manag	er: (Attach another sheet, if more room is needed)	
Occupation for Last Five Year	s:	
Does the manager own any pro	perty within the corporate boundaries of the City of Woods	stock? Yes No
If yes, please give property tax	map and parcel number and street address:	
Tax Map/Parcel:	Street Address	
prior to filing this application	of a felony within ten (10) years and/or misdemeanor with relating to any Alcohol Beverage Business or any state any Alcohol Beverage business? Yes No	
If yes, please give name, assoc	iation with business, the year of conviction and the crime as	s charged:
Are there any pending charges	or citations against you by any law enforcement entity?	Yes No If yes, please



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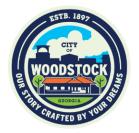
Are you married: \square Yes \square No If yes	, please answer the following:
Spouse's Name:	
Social Security Number:	Driver's License #
Does Spouse have 10% or more interest	est in this business?
REGISTERED AGENT INFORMATION	ON - Fingerprint and Consent Form required
Registered Agent/Officer:	
Social Security Number:	Driver's License #:
Current Home Address:	
City/State/Zip:	
County:	# of Years:
Home Phone:	Cell Number:
Previous Home Address:	
City/State/Zip:	
County:	# of Years:
Birthplace:	Date of Birth
Are you a U.S. Citizen: Yes No	If not, where are you a citizen?
Current Position:	# of Years w/business:
Does the agent own any property within the	he corporate boundaries of the City of Woodstock? Yes No
If yes: Tax Map/Parcel:	Street Address:
immediately prior to filing this applicati	f a felony within ten (10) years and/or misdemeanor within five (5) years ion relating to any Alcohol Beverage Business or any state law, county of any Alcohol Beverage business? Yes No
If yes, please give name, association with	business, the year of conviction and the crime as charged:
Are there any pending charges or citation explain:	s against you by any law enforcement entity? Yes No If yes, please
Date the Officer registered with the Secre	tary of State:



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ATTACH A LIST OF:

	Corporation Officers and Directors, their social security numbers, addresses, and the office held by each.
	Stockholders with at least 10% financial interest, their addresses, and the amount of interest of each stockholder in the corporation. (FINGERPRINT/BACKGROUND CHECK IS REQUIRED).
	The names and addresses of any Corporation Officer, Director or Stockholder who owns property within the corporate boundaries of the City of Woodstock along with street address of property and tax map and parcel number(s).
GEN	ERAL INFORMATION
1.	Does the applicant, spouse of applicant, partner, registered agent/officer or stockholder hold any alcohol beverage license in any other jurisdiction? Yes No (Section 6-82)
	If yes, please give person's name, business name, and jurisdiction:
2.	Does the applicant, or any member of the family of the applicant, own, lease or sub-lease any real estate which is occupied by a retail alcohol beverage establishment? Yes No
	If yes, please answer the following:
	Name of owner:
	Relationship to business:
	Name of Renter/Lessee:
	Location:
	Amount of Rent:
3.	Does the applicant or any member of the applicant's family, the executor, administrator, beneficiary, heir or trustee of any estate or trust fund have any interest in a retail alcohol beverage establishment? Yes No
	If yes, please answer the following:
	Capacity with Estate:
	Name:
	Relationship to Applicant:
	Location:
	Amount of Interest: Amount of Income: \$



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FOR SUNDAY SALES LICENSE ONLY ON-PREMISE CONSUMPTION VERIFICATION

Busin	ness Name
Stree	t Address
Total Yearly Sales: \$Actual or	Estimated - only if opened less than 2 yrs.
Total Alcohol Sales: \$	(include Beer/Wine/Distilled Spirits)
Food Sales: \$ Rat (50% of gross annual sales will be derived from the	io:% e sale of food to qualify for Sunday Sales License)
*proof of above figures must be made available to the	he city upon request per Code Sec. 6-21 (e-2) (i)
Signature of Auditor/Accountant/Owner/Applicant	Date
Print Name	-
The foregoing instrument was acknowledged before	e me thisday of20
Signature of Notary Public	
My Commission Expires	



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Application Process Checklist:

	Applicant shall complete entire application by answering all questions, having signed all necessary forms, scheduling all fingerprint appointments necessary and having all signatures notarized where applicable and submitting all applicable fees.
	Applicant must obtain a survey plat for the affected location which shows detail dimensions of the site, distance to schools, churches, day care centers, hospitals, nursing homes and residential multifamily and single-family areas.
	Applicant shall bear the cost of advertisement for two (2) consecutive weeks and shall post a sign on property of business as per Section 6-9. The advertisements shall be placed by City staff when the application is ready to be forwarded to City Council.
	Applicant/Agent must provide a letter of clearance from Clerk of Federal Court in Atlanta, 2211 US Courthouse, 75 Ted Turner De SW or call (404) 215-1635 as per Section 6-12 & 6-13d. This document may be obtained by mailing your request with a self addressed stamped envelope or in person. You must contact the Clerk of Federal Court for applicable fee information.
	Applicant shall attach a partnership agreement or articles of incorporation.
	Applicant shall furnish plans and renderings of the proposed premises, and the applicant certifies that such plans and renderings are correct as per Section 6-8.
	Fingerprinting - Everyone on the application must be fingerprinted at the City of Woodstock Development Services Department located at 12453 Hwy 92, Woodstock, GA. (Appointment only—no same day appointments) For on premise serving, a Manager's Permit must be obtained from the Woodstock Police Dept. 770-592-6000 ext. 1151 Sec. 6-102: At least one manager shall be at the licensee's premises during all times that alcoholic beverages are being consumed.
	Applicant/Agent must submit a copy of the Georgia Department of Revenue Sales & Use Tax ID certificate.
	Applicant/Agent/Manager must provide proof of legal authorization to work in the United States. O.C.G.A 50-36-01
	Applicant/Agent must supply written proof of residency for past three years, i.e., property tax bill, mortgage bill, utility bill, Georgia driver's license, etc. Sec.6-13 (a)
	lcohol Ordinance for the City of Woodstock is available for review at www.woodstockga.gov . Please arefully and follow the instructions accordingly.
<mark>Appli</mark>	cant Initials:



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Affidavit Verifying Status for a City Public Benefit Application

By executing this affidavit under oath, as an applications or Occupation Tax Certificate, Alcohol Liconce. S.C.G.A. § 50-36-1, I am stating the following with Woodstock, Georgia Business License or Occupation Permit, or other public benefit for person applying on behalf of individual, business, controlled the second process.	cense, o h respe onal Ta	or other public benefit as refere to to my application for the Cit x Certificate, Alcohol License	nced in y of , Taxi
1) I am a United States citizen			
OR			
2) I am a legal permanent resident 18 year alien or non-immigrant under the Federal In older and lawfully present in the United State	nmigra		
In making the above representation under oath, willfully makes a false, fictitious, or fraudulent be guilty of a violation of O.C.G.A §16-10-20.		• •	
		Signature of Applicant:	Date:
	_	Print Name:	
SUBSCRIBED AND SWORN BEFORE ME ON THIS DAY OF, 20	*		
Notary Public	_	Alien Registration number for non	-citizens
My Commission Expires:	-		

*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C, as amended, provide their alien registration number Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number.



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Fingerprint, ID and consent form required for each person on application.

Duplicate as Needed

CONSENT FORM

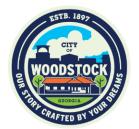
I hereby authorize the City of Woodstock, Georgia to receive any criminal pertaining to me which may be in

Purpose of Request: Type Information Requested: Malt Beverages/Wine/Distilled Spirits License

the files of any state, federal or local criminal justice agency. PLEASE TYPE/PRINT LEGIBLY

Last Name Middle Name Maiden First Name Street Address Apartment Number City County State Zip Sex Weight Race Height Eyes Hair Date of Birth Place of Birth Social Security Number Drivers License Number **Expiration Date** State Signature Date Notary Public: _____ Date: ____

My Commission Expires:



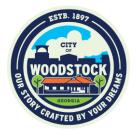
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OFFICIAL OATH

I (We), hereby swear or affirm the information disclosed in this application is true and correct, and further provide, that I (We), as the Applicant, Registered Agent/Officer, and/or Owner of the business will abide by, observe and conduct this business according to the rules and regulations prescribed by the City of Woodstock, the acts of the General Assembly of the State of Georgia, known as the Georgia Alcoholic Beverage Code, as now or hereafter amended, and the rules and regulations of the Georgia State Department of Revenue in respect thereto.

		Date:	
Applicant			
Notary Public	My Commission Expires		
		Date:	
Registered Officer			
Notary Public	My Commission Expires		
		Date:	
Business Owner			
Notary Public	My Commission Expires		
		Date:	
Business Owner			
Notary Public	My Commission Expires		



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ALCOHOL LICENSE APPLICATION (For office use only)

Bus	siness Name:			
Str	eet Location:			
OF	FICE USE ONLY: Date Rec	eived	Payment \$	
Me	thod of Payment Received:	Fingerprint ap	pointment:	
	e: Office recommendation: Any of essary to support the recommendate			n and any documents
Deve	elopment Srv Rep Signature	Date	_ □ Requirements met	□Recommend denial
Com	ment			
Comr	nunity Development Signature	Date	_ □ Requirements met	□Recommend denial
Com	ment			
	rds Clerk Signature ment	Date	Requirements met	□Recommend denial
	e Signature ment	Date	Requirements met	□Recommend denial
	AD E-MAILED TO CHEROK			N ON THE FOLLOWING
	DATES:			
	COMPLETED SIGNS; NOTIF	TED APPLICANT OF HEA	RING AND TO PLACE SIG	NS AT LOCATION.
	VERIFIED PUBLIC NOTICE	SIGN IS PROPERLY POS	ГЕD ВҮ:	DATE:
	COMPLETE AGENDA REQU	EST AND FORWARD WI	TH APPLICATION TO LICE	ENSE ADMINISTRATOR.
	CITY COUNCIL ACTION:	□ APPROVED □ DE	NIED DATE:	